

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.:	FILING DATE:	
							APPLICANT(8)		
CLAIMS									
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
2						52			
3						53			
4						54			
5						55			
6						56			
7						57			
8						58			
9						59			
10						60			
11						61			
12						62			
13						63			
14						64			
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38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.						TOTAL IND.			
TOTAL DEP.						TOTAL DEP.			
TOTAL CLAIMS						TOTAL CLAIMS			